

## Frequently Asked Questions

### Cooper's Most Frequently Asked Questions on Health Reform

Q: Why do we need health care reform?

A: First, I believe every American should have comprehensive health care. It is a moral imperative. Second, it is a fiscal imperative. We currently spend 16% of our gross domestic product on health care, and programs like Medicare, Medicaid and Social Security are unsustainable in their current form. If we do nothing, by 2012, America's credit will be seriously damaged.

Q: What do you think about the health care bill?

A: There is not ONE "health care bill" going through Congress. There are several bills in the House of Representatives and one so far in the Senate. And we'll see another bill in September when the Senate Finance Committee is expected to release its draft bill.

The bill that is most frequently mentioned in the House is HR3200, America's Affordable Health Choices Act of 2009. President Obama has repeated that he will not sign legislation that adds to the deficit or worsens long-term budget projections. I read all 1,018 pages of the original version and do not think it meets the President's criteria. In fact, the non-partisan Congressional Budget Office says HR 3200 fails to cover everyone and leaves 17 million people without health insurance. Can it be amended? Absolutely. And I am hopeful it will improve dramatically over the next several months.

Q: How do we get to ONE health care bill?

A: Moving legislation through Congress is a complex process. There are currently four health care bills moving through the various committees of Congress — and they are very different. After related bills move through both the Senate and the House, they go to a conference committee to resolve their differences. The conference report must then be approved again by both the House and the Senate. Once the final bill goes to the House, it must have a majority vote to pass. In the Senate, it must have 60 votes to avoid a filibuster. After both bills are passed, President Obama will finally have a bill to sign. This process takes months and we are at the very beginning.

Q: Is there a bill in Congress that you currently support?

A: Yes. HR 1321, The Healthy Americans Act. It's the only bill analyzed by the Congressional Budget Office and meets all three of the President's goals, is deficit neutral for the next ten years, lowers costs of health care over the long-term, and covers every American. It's also bipartisan, unlike any other bill in Congress. With the HAA, every American is eligible for the same type of benefits that Congress and federal employees have enjoyed for 40 years. The HAA does not affect seniors or our military personnel. They will continue to be covered by Medicare and TRICARE.

Q: Why isn't everyone on board with HAA?

A: It's the bill that some say is too conservative and others say is too much reform. That's why it appeals to both Democrats and Republicans. It changes the role of employers in health care. It also requires everyone to have health insurance — much like the current requirement for everyone to have automobile insurance.

Q: Will we get reform passed this year?

A: I believe we will pass health care reform in 2009. Congress still has time to craft a good bill. Our country literally risks major economic damage if we do not fix our health care system. I want good legislation passed this year, and I am confident that we will get this done.

Q: How is this different from when we tried to pass reform in '93/94?

A: I believe that the majority of Americans are in support of sensible health reform, and the battle is over what type of change will be best, not whether we actually need it. That wasn't the case in '93. People weren't convinced that any reform was necessary, and public support was needed to get the bill passed. We have much more support now, and we won't allow health care industry lobbyists to stand in the way of strengthening America's future.

Q: What happens if we do nothing?

A: The U.S. could lose its AAA credit rating. That would mean higher interest rates for everyone and inflation. That is not an option.

Health care costs are rising at a rate of 2.5 percent faster than inflation. At that rate, what we spend on health care will soon double. Premiums will double; co-pays will double. We must act, and we must act this year.

Q: What is your role as a Blue Dog Democrat?

A: The Blue Dog Coalition is a group of 52 fiscally conservative Democrats in the House. I have studied health care for decades and teach health policy at Vanderbilt. Therefore, I am one of the more knowledgeable Blue Dogs on health care, despite not serving on a committee with health care jurisdiction. Blue Dogs believe that President Obama is correct to demand that health reform legislation meet his budget guidelines, both in the short and long-run. So far, all the congressional bills presented have failed the President's test. We are trying to work with the President and the Congress to improve the legislation so that it meets his standards.

Q: I hear you don't support President Obama's plan for reform.

A: I do support the President and his principles for health reform. But Congress has to do its job and provide President Obama with good bills that meet his guidelines. He has laid out three main principles of health reform; it must cover everyone, it must be deficit neutral, and it must lower future health care costs. These are all principles that I agree with. We cannot have a successful health care system without addressing these three issues. Unfortunately, none of the bills being considered by Congress achieve these goals so far.

Q: Do you support a public option?

A: Yes, I support a public option. There's this mistaken opinion in Washington right now that there's only one kind of "public option," when in fact there are at least 18 by my count. The success of the public option really depends on how you define it, but it can appeal to folks in all 50 states. I've said for months that I support Senator Schumer's "level playing field" public option. It should be used as a way to keep the insurance companies honest, but it's equally important to keep government honest.

Q: What about a single-payer system?

A: There are some people who really just want a single-payer system. That's fine. President Obama has said if we were starting with a clean slate, he'd be for single-payer. But he's not starting with a clean slate. So basically there's no serious single-payer legislation in the Congress. Their supporters are very committed, but none of the bills moving through any of the committees resemble a single-payer plan.

Q: What do you say to people who are calling you an obstructionist?

A: I don't have the ability or the interest in stopping health care reform. I am 100% in support of health care reform this year. I have been fighting for a long time to get this done. I was one of the earliest supporters of then-candidate Obama, and I have stood behind President Obama's health care principles since the very beginning. Like the President, I want to make sure we are being fiscally responsible with health care reform.

Q: I feel sorry for those who don't have health insurance, but why should I care if I like my coverage?

A: You are already paying for people who don't have coverage through higher premiums and added-on costs. Currently, if a person without insurance goes to the doctor, they get treated, but, by the time uninsured people receive treatment, the costs are much higher than they would have been. Since we are already paying their bills on the back end, why don't we try to prevent their illness on the front end and save money? Likewise, you may be satisfied with your current plan. However, more and more employers say they are less competitive due to rising health care costs. That means less jobs with fewer health benefits. Also, if you have been covered by your employer and you lose your job, what will happen to your health care? For a limited time, you may pay for COBRA, but you may have a hard time finding adequate, affordable coverage once your COBRA expires. Or you may know someone with a pre-existing health condition such as diabetes, heart disease or cancer who is unable to get any coverage.

Q: What does this mean for small businesses?

A: Small business owners could greatly benefit from health care reform if it is done right, as insurance costs weigh heaviest on this group. Small businesses that provide health care to their employees are forced to pay higher premiums because they do not have the benefit of spreading out their insurance risk over a larger pool of people. For example, health care reform could allow their employees to join larger risk pools and have the same benefits that larger companies have. Small businesses create jobs, and stimulate economic growth and we need to encourage their success. Removing the burden of health care is a big step in the right direction for small businesses.

Q: I've heard that the government will fund abortions. Is this true?

A: No. Current law, through a provision known as the Hyde amendment, states that no federal funds can be used to pay

for abortions. I do not think Congress will change current law.

Q: I've heard that this bill creates so called "death panels" which determine whether seniors should live or die? Is this true?

A: No. This is completely false. The House bill allows Medicare for the first time to reimburse doctors for voluntary patient-doctor consultations about end-of-life planning, including discussions about drawing up a living will or planning hospice treatment. No one could force a patient to seek out such advice. No one could force patients or their families to follow their doctor's advice. This provision has been completely misinterpreted. But, as a result of the recent controversy, members of the Senate recently announced they would take this provision out of their bill.

Q: Will reform change my Medicare benefits?

A: No. In fact, one of the reasons we need health reform is to make sure that the Medicare program can continue to provide benefits. Medicare is currently \$34 trillion in the hole; without reform, benefits will be cut in half in the coming decades. Health reform offers ways to slow or eliminate wasteful Medicare spending like subsidies for insurance companies. In addition, requiring the pharmaceutical industry to help pay for prescription drugs by closing the "donut hole" could make Medicare less expensive for many seniors.